

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/571064

FILING DATE

3-8-06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2			1			
3						
4		3				
5		3				
6		3				
7		3				
8		3				
9		3				
10		3				
11		1				
12		1				
13		1				
14		1				
15	1		1			
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50						
TOTAL IND.			2			
TOTAL DEP.			13			
TOTAL CLAIMS			15			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						